

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/20/03.

I. DISPUTE

Whether there should be reimbursement for psychiatric biofeedback – 90915 and conducted 12/30/02 and denied by the carrier on the basis of “N” – not documented.

II. RATIONALE

Per the carrier’s response, dated 8/1/03, the requestor, “does not provide sufficient documentation to support the 60 minute or one hour charged for the services provided. No time record was submitted to support the amount of time spent in performing the services provided...”

The disputed service was preauthorized by respondent on 12/12/02. The medical reports submitted by the requestor documents delivery of service however, only the bill submitted by the requestor documents delivery of 60 units of service.

There is no MAR for this service; therefore, the service is DOP. The 1996 MFG General Instructions Ground Rule III (A) states that “Documentation of procedure (DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill. DOP is used when the services provided are not specifically listed or are unusual or too variable to have an assigned MAR. The required documentation may vary based on the complexity of the procedure. DOP shall include pertinent information about the procedure including:

1. Exact description of procedure or service provided;
2. Nature, extent, and need (diagnosis and rationale for the service or procedure;
3. Time required to perform the service or procedure;
4. Skill level necessary for performance of service or procedure;
5. Equipment used (if applicable); and
6. Other information as necessary.

Missing from the medical documentations was “Nature, extent, and need (diagnosis and rationale for the service or procedure;...Time required to perform the service or procedure; and Skill level necessary for performance of service or procedure”

It is the requestor’s responsibility to furnish the necessary DOP for any services without a MAR. On this basis, reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for psychiatric biofeedback – 90915

The above Findings and Decision are hereby issued this 15th day of December 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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